

Petition for Appointment of Counsel, Affidavit of Indigency and Order

-VS-

Case No. _____

Under oath I state that because of poverty, I am unable to pay for an attorney to represent me in this case and request that the court appoint counsel for me. I applied for representation through the state public defender but was found ineligible for their services.

Complete Section 1 if you receive aid from any of the programs listed.

Section 1.

If you do not receive aid, complete Section 2 on page 2.

<input type="checkbox"/> I currently receive:		
<input type="checkbox"/> Supplemental security income	<input type="checkbox"/> Relief funded under §59.53(21), Wis. Stats.	<input type="checkbox"/> Medical assistance
<input type="checkbox"/> Food stamps	<input type="checkbox"/> Relief funded under public assistance	
<input type="checkbox"/> Benefits for veterans under §45.351(1) or 38 USC 501-562		
<input type="checkbox"/> Legal representation from a civil legal services program or a volunteer attorney program based on indigency.		
Name of program: _____		
<input type="checkbox"/> Other means-tested public assistance: _____		
My financial situation <input type="checkbox"/> has <input type="checkbox"/> has not changed since I became eligible for this program.		
<p>If you checked the "has" box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2 on page 2 of this form.</p>		

Subscribed and sworn to before me
on _____

I understand that if my financial situation changes,
I must notify the court immediately.

Notary Public/Court Official
My commission expires: _____

Signature

Address

Date

Telephone Number

COURT FINDINGS AND ORDER

- ☐ 1. This petition is GRANTED because the court finds the person is currently indigent. Counsel shall be appointed at county expense as set forth below. The person shall be required to reimburse the county for such representation as follows:
- ☐ No reimbursement required.
- ☐ Repayment at the rate of \$ _____ per _____ until the total sum is paid. The first payment shall be made on (date) _____. Payments shall be made to the Clerk of Court.
- ☐ Other: _____

The following attorney is appointed to represent the defendant:

Name: _____ Telephone Number: _____

Address: _____

The attorney shall be compensated at:

☐ current state public defender rates. ☐ \$ _____

- ☐ 2. This petition is DENIED because the court finds:
- ☐ the person is not indigent. ☐ Other : _____

THIS IS A FINAL JUDGMENT/ORDER FOR THE PURPOSES OF APPEAL.

BY THE COURT:

Circuit Court Judge

Date

Original: Clerk of Court/Register in Probate

Section 2.

Complete this section only if you do not qualify under Section 1, or if the instructions for that section require you to complete it.

1. I ☐ am ☐ am not married.
2. I ☐ am ☐ am not employed. Name of employer: _____
3. I earn \$ _____ gross ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
My take-home pay is \$ _____ per pay period.
4. I receive gross monthly income totaling the amount of \$ _____ from:
☐ Pension ☐ Social security ☐ Unemployment compensation
☐ Disability ☐ Student loans/grants ☐ Other: _____
5. I have the following cash assets:
☐ Savings accounts: \$ _____ ☐ Cash: \$ _____
☐ Checking accounts: \$ _____ ☐ Money owed me: \$ _____
6. I have the following other assets:
☐ Vehicle-Yr./Make: _____ \$ _____ ☐ Household furnishings: \$ _____
☐ Vehicle-Yr./Make: _____ \$ _____ ☐ Equity in real estate: \$ _____
☐ Other individual assets valued over \$200 each: _____ \$ _____
7. My household consists of myself and _____ others:
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
8. The other members of my household have gross monthly income totaling the amount of \$ _____ from:
☐ Wages ☐ Social security ☐ Relief funded under public assistance ☐ Food stamps
☐ Pension ☐ Student loans/grants ☐ Unemployment compensation ☐ Supplemental security income
☐ Disability ☐ Relief funded under §59.53(21), Wisconsin Statutes ☐ Support/maintenance
☐ Other: _____
9. I have the following debts: Amount: Monthly Payment:
a. Mortgage/Rent \$ _____
b. Auto loan \$ _____
c. Credit cards \$ _____
d. Other: _____ \$ _____
_____ \$ _____
10. I have the following unusual expenses, other than ordinary living expenses:

